

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

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Madison, WI 53703  
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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### APPLICATION FOR PRIVATE DETECTIVE LICENSE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

☐ Your name and address are available to the public.  
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.)

PLEASE TYPE OR PRINT IN INK

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) _____ - _____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? \_\_\_\_ Yes \_\_\_\_ No (please indicate)  
If yes, provide your Wisconsin license/credential number. \_\_\_\_\_

HAVE YOU LIVED IN WISCONSIN CONTINUOUSLY DURING THE PAST 5 YEARS? ☐ Yes ☐ No

### IDENTIFICATION INFORMATION, RELATING TO FINGERPRINT CARDS:

Height	Weight	Eye Color	Hair Color	Sex	Ethnic Origin	Place of Birth
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APPLICATION FEE: Make check payable to Department of Regulation and Licensing and attach to application.

☐ \$ 53.00 Initial credential fee  
\$ 43.00 Criminal records search  
\$ 96.00 **Total fee due**

☐ Reinstatement  
\$ 126.00 Credential fee  
\$ 43.00 Criminal records search  
\$ 169.00 **Total fee due**

### For Receipting Use Only

#### BOARD OFFICE USE ONLY

Liability Coverage ____ Bond ____ Insurance	Reg. Type	License #
	Date Granted	Date Expires

CIB NAME CHECK DONE AND  
FBI CARDS SENT \_\_\_\_\_

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**MARK AN X IN THE APPROPRIATE BOX.** If you answer **Yes** to any question, give all details on a separate sheet.

- |   | <b><u>YES</u></b>        | <b><u>NO</u></b>         |
|---|--------------------------|--------------------------|
| a. Have you <b>EVER</b> been convicted of a <b>MISDEMEANOR</b> or A <b>FELONY, OR DRIVING WHILE INTOXICATED (DWI)</b> , in this or any other state, <b>OR</b> are criminal charges or DWI charges currently pending against you? <b><u>If YES, complete and attach Form #2252.</u></b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you ever surrendered, resigned, canceled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <b><u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u></b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <b><u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u></b> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Is disciplinary action pending against you in any jurisdiction? <b><u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u></b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Have any suits or claims ever been filed against you as a result of professional services? <b><u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u></b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? <b><u>If YES, what type of credential?</u></b>  | <input type="checkbox"/> | <input type="checkbox"/> |

And if in another name, what name? \_\_\_\_\_

**EMPLOYMENT RECORD FOR THE LAST TEN YEARS** (Include name of employer, dates of employment and the type of employment. Use another sheet if additional space is needed.)

**LIST ANY OTHER NAMES YOU HAVE EVER USED (e.g., Legal Name Change, Maiden Name, Alias), AND ESPECIALLY, ANY NAMES UNDER WHICH YOU HAVE BEEN ARRESTED.**

## AFFIDAVIT OF APPLICANT

(Sign and date **in the presence of a notary**)

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules of the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

\_\_\_\_\_  
Signature of Applicant

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
(Applicant name)

\_\_\_\_\_  
Signature of Notary Public

**S E A L**

\_\_\_\_\_  
Date Commission Expires

# Wisconsin Department of Regulation & Licensing

**TO BE COMPLETED BY PRIVATE DETECTIVE AGENCY EMPLOYER--If you are applying for an agency and private detective license, the application for private detective agency must be submitted with this application. Staff will fill in license number when agency is licensed.**

**ENTER NAME OF EMPLOYING AGENCY EXACTLY AS IT APPEARS ON THE AGENCY'S LICENSE.**  
Application for private detective agency must be attached if this is a new private detective agency.

**ENTER THE EMPLOYING AGENCY'S LICENSE NUMBER AS IT APPEARS ON THE AGENCY'S LICENSE.**

**ENTER THE BUSINESS ADDRESS OF THE EMPLOYING AGENCY'S MAIN OFFICE.**

Number Street P.O. Box

City State Zip Code

**ENTER AGENCY'S TELEPHONE NUMBER (include area code)**

( )

**THIS STATEMENT MUST BE SIGNED** by the sponsoring sole proprietor owner of the agency or by the officer, partner or member of a corporation, partnership or limited liability company who has been designated as the principal to sign on the agency's behalf.

This is to certify that the agency identified above will assume responsibility for the private detective applicant pursuant to the Department rules. I also certify that the private detective, as required by sec. 440.26(4), Stats.:

- ☐ Is covered by our agency liability policy.
- ☐ Is not covered by our agency liability policy.
- ☐ \$2,000 bond in addition to agency's \$100,000 bond (Please attach Bond of Private Detective or Private Detective Agency that is enclosed with this application.)

Signature of Agency Sole Proprietor, Officer, Partner or LLC Member

Date

Print Name of Person Signing Above

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Notary Public

(Seal)

Date Commission Expires

# Wisconsin Department of Regulation & Licensing

## **DID YOU REMEMBER TO:**

1. Complete and sign the Application for Private Detective License (Form #469).
2. Attach correct fee.
3. Attach two (2) completed fingerprint cards. Cards must be typed or printed in black ink. Any highlighted cards or cards completed in blue ink will be returned to you.
4. Attach photograph of head and shoulders.
5. Attach the Authorization for Release of FBI Information (Form \$2681).
6. Attach Convictions and Pending Charges (Form 32252) if you are reporting a conviction, with a certified copy of the criminal complaint and judgment of conviction.
7. Have submitted proof of general liability insurance or bond.

# Wisconsin Department of Regulation & Licensing

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

\_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Profession

Date of Birth    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
                                 month                   day                   year

-  -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996